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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *YES, AC*  
 This appln claims benefit of 60/427,210 11/19/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None, AC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/12/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 4
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TITLE  
 Dental light guide

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